

NOTICE:

"BEST AVAILABLE COPY"

**PORTIONS OF THE FOLLOWING
DOCUMENT ARE ILLEGIBLE**

The Administrative Record Staff



EG&G ROCKY FLATS INC
ROCKY FLATS PLANT P O BOX 464 GOLDEN COLORADO 80402 0464 (303) 966 7000

93 RF 8311

July 7 1993

93 RF 8311

Michael S Karol
Facility Operations
DOE RFO

EMERGENCY PLANNING AND COMMUNITY RIGHT TO KNOW ACT SECTION 312 TIER II
SUBMITTAL AMENDMENTS TO THE 1992 REPORT TGH-421 93

Enclosed are amendments to the TIER II submittal for 1992 These amendments add hydrochloric acid hydrogen peroxide sodium hydroxide and sodium hypochlorite to the list of hazardous substances that exceeded reporting thresholds in 1992 and adds Operable Unit #2 (T900D) to the list of storage locations for nitric and sulfuric acid Rocky Flats Plant (RFP) is responsible for ensuring that copies of these amendments are distributed to the Colorado Emergency Planning Commission Local Emergency Planning Committees of Jefferson and Boulder Counties and the RFP Fire Department

Changes to the TIER II report are necessitated by newly obtained information on chemical storage associated with ground water and surface water remediation in Operable Units #1 and #2 This information was inadvertently omitted from the TIER II report submitted earlier on February 24 1993 A revised Form R was submitted to your offices on June 29 1993 also as a result of this new information

The EPCRA compliance program at RFP continues to evolve towards improved reporting of chemical storage and use As necessary we will exercise existing regulatory provision to update TIER II and Form R reports should additional new information become available in the future

If you have any questions regarding amendments to the TIER II report for 1992 please contact D B Costain of the Chemical Tracking and Control System Division at extension 8528

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CLASSIFICATION

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AUTHORIZED CLASSIFIER
SIGNATURE

[Signature]
KNN

DATE 7/8/93

IN REPLY TO RFP CC NO

ACTION ITEM STATUS

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☐ PARTIAL

APPROVALS

ORIG & TYPIST INITIALS

[Signature]
T G Hedahl Associate General Manager
Environmental and Waste Management

DBC fm

Orig and 1 cc M S Karol

Enclosure

As Stated (1)

CC

C M Franklin DOE RFO

ADMIN RECORD

A OUT

<p>Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY</p> <p>Facility Identification: Name: EG&G Rocky Flats, Inc. Section: 2 Range 70W Township 2S Location: Golden, CO, Jefferson CO, 80402 Site: 3489 Date: 11/10/90 By: [Signature]</p>		<p>Ownership: Owner: EG&G Rocky Flats, Inc. Address: P.O. Box 464, Golden, CO 80402-0464 Phone: 303 966-2914 Contact: Shift Superintendent Address: 1303 1966-2914 Phone: 303 966-2914</p>		<p>Inventory Control: Date: 11/10/90 By: [Signature] Initials: [Signature]</p>	
<p>Chemical Description</p> <p>CAS: 7647010 Chemical Name: Hydrochloric Acid Physical State: <input checked="" type="checkbox"/> Liquid <input type="checkbox"/> Solid <input type="checkbox"/> Gas <input type="checkbox"/> Other Quantity: 1000 L Container: 1000 L Location: 1000 L</p>		<p>Inventory Control</p> <p>Inventory Number: 1000 Date: 11/10/90 By: [Signature] Initials: [Signature]</p>		<p>Incident</p> <p>Date: 11/10/90 By: [Signature] Initials: [Signature]</p>	
<p>Chemical Description</p> <p>CAS: 1000 Chemical Name: Hydrochloric Acid Physical State: <input type="checkbox"/> Liquid <input type="checkbox"/> Solid <input type="checkbox"/> Gas <input type="checkbox"/> Other Quantity: 1000 L Container: 1000 L Location: 1000 L</p>		<p>Inventory Control</p> <p>Inventory Number: 1000 Date: 11/10/90 By: [Signature] Initials: [Signature]</p>		<p>Incident</p> <p>Date: 11/10/90 By: [Signature] Initials: [Signature]</p>	
<p>Chemical Description</p> <p>CAS: 1000 Chemical Name: Hydrochloric Acid Physical State: <input type="checkbox"/> Liquid <input type="checkbox"/> Solid <input type="checkbox"/> Gas <input type="checkbox"/> Other Quantity: 1000 L Container: 1000 L Location: 1000 L</p>		<p>Inventory Control</p> <p>Inventory Number: 1000 Date: 11/10/90 By: [Signature] Initials: [Signature]</p>		<p>Incident</p> <p>Date: 11/10/90 By: [Signature] Initials: [Signature]</p>	

[illegible]

Certification (Read and sign after completing all sections)

I certify under penalty of law that I have personally examined and am aware with all information furnished in response now through and that based on my inquiry of these individuals also responsible for obtaining the information, I believe and also view as true and correct that

Signature: _____ Date: _____

Typed name: _____ Title: _____

Organization: _____

Spe of
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by Ch m of

Name EG&G Rocky Flats Inc
 Section 2 Range 70W Township 2S
 City Golden County Jefferson CO 80402 Zip 80402
 SIC Code 3489 Do. & Prod. Number 606584092

SIC Code	Do & Dead Number	4092
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EXTRA
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Important! Read all instructions before completing form!


Reporting Period

From January 1 to December 31 !!

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Chemical Description

1 3 7 2
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also
Secret

Chem Name	Sodium Hydroxide
Chemical Formula	NaOH
Chemical Structure	
Chemical Properties	Strongly alkaline, corrosive, reacts with acids to form salts and water.
Physical Properties	White solid, highly soluble in water, melting point 318°C, boiling point 1388°C.
Uses	Industrial cleaning, paper production, water treatment, and as a reagent in chemistry.
Precautions	Wear protective gear, avoid contact with skin and eyes, store in airtight container.

Check all that apply

EHS Name _____

<input checked="" type="checkbox"/>	Pure
<input type="checkbox"/>	Ml
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File Name	Pure	M	Solid	Liquid	Gas	El
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and Health
Hazards

Patient #	Sex	Age	Referral Source	Presenting Complaint	History of Present Illness	Physical Exam	Laboratory Studies	Treatment	Outcome
	F	60	Primary Care	Headache	Intermittent, bilateral, moderate intensity, no associated symptoms.	Normal	Normal	NSAIDs	Improved
	M	45	Neurology	Severe headache	Worsening over weeks, associated with nausea and vomiting.	Abnormal	Abnormal	Surgery	Died

Fl	Sudden Rel. of Pressure	Reactivity	Intermed. (acid)	Final Product

Fire	Sudden Release of Pressure	React by	Intermedia (acut)	Post mortem

Inventory

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(Non confidential)**

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N	4	1	371/3408 3412
K	4	1	776/135

N	4	1	865/106,145
E	4	1	865/151
N	4	1	991/110
N	4	1	779/137 140
			131 155
N	4	1	559/102 103

N	4	1	771/154,158,162,164
N	4	1	T771F
M	4	1	705/100
N	4	1	T452F
N	4	1	777/415
E	4	1	774/220

Sei/cation
18 and are in all cases

It quickly under-
mines the
credibility of the
entire report.

on 1 May 1964

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY		Facility Identification		Owner/Operator Name	
N <u>EG&G Rocky Flats, Inc.</u> S <u>Section 2, Range 70W, Township 2S</u> City <u>Golden</u> <u>Jefferson</u> <u>CO</u> <u>80402</u>		N <u>EG&G Rocky Flats, Inc.</u> M <u>P. O. Box 464, Golden, CO 80402-0464</u>		N <u>EG&G Rocky Flats, Inc.</u> M <u>P. O. Box 464, Golden, CO 80402-0464</u>	
SIC Cod <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> D <u>EN</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> ON <u>Y</u> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> by <u>Ch m al</u>		Emergency Contact N <u>Shift Superintendent</u> Phone <u>303 1966-2914</u>		Emergency Contact N <u>Shift Superintendent</u> Phone <u>303 1966-2914</u>	
FOR <u>ON Y</u>		Name <u>()</u> Phone <u>()</u>		Name <u>()</u> Phone <u>()</u>	
Chemical Description		Inventory		Physical and Health Hazards	
CAS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Chem Name <u>Sodium Hydroxide cont</u> Check all that apply <input type="checkbox"/> Pure <input type="checkbox"/> Ml <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EIS <input type="checkbox"/> EHS Name <u></u>		Inventory M <u>1</u> A <u>1</u> M <u>1</u> L <u>1</u> C <u>1</u> H <u>1</u> S <u>1</u> Avg Daily <u>1</u> M <u>1</u> L <u>1</u> C <u>1</u> H <u>1</u> S <u>1</u> N of days <u>1</u> M <u>1</u> L <u>1</u> C <u>1</u> H <u>1</u> S <u>1</u> On site (days) <u>1</u> M <u>1</u> L <u>1</u> C <u>1</u> H <u>1</u> S <u>1</u>		Physical and Health Hazards F <u>1</u> Sudden Release of Pressure <u>1</u> React <u>1</u> Immediate (acute) <u>1</u> Delayed (chronic) <u>1</u>	
CAS <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Chem Name <u></u> Check all that apply <input type="checkbox"/> Pure <input type="checkbox"/> Ml <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas <input type="checkbox"/> EIS <input type="checkbox"/> EHS Name <u></u>		Inventory M <u>1</u> A <u>1</u> M <u>1</u> L <u>1</u> C <u>1</u> H <u>1</u> S <u>1</u> Avg Daily <u>1</u> M <u>1</u> L <u>1</u> C <u>1</u> H <u>1</u> S <u>1</u> N of days <u>1</u> M <u>1</u> L <u>1</u> C <u>1</u> H <u>1</u> S <u>1</u> On site (days) <u>1</u> M <u>1</u> L <u>1</u> C <u>1</u> H <u>1</u> S <u>1</u>		Physical and Health Hazards F <u>1</u> Sudden Release of Pressure <u>1</u> React <u>1</u> Immediate (acute) <u>1</u> Delayed (chronic) <u>1</u>	
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Certification (Read and sign all sections)
I, Ch m al, certify that I have personally examined and in full possession of the information contained herein and that the information is true and correct to the best of my knowledge and belief.

Signature Ch m al Date 1990 5 1

Optional
Check all that apply ☐ Sudden Release of Pressure ☐ React ☐ Immediate (acute) ☐ Delayed (chronic) ☐

Additional Information
I am not a chemical engineer. I have not been trained by a chemical engineer. I am not a chemist. I have not been trained by a chemist. I am not a physicist. I have not been trained by a physicist. I am not a biologist. I have not been trained by a biologist. I am not a geologist. I have not been trained by a geologist. I am not a meteorologist. I have not been trained by a meteorologist. I am not a hydrologist. I have not been trained by a hydrologist. I am not a soil scientist. I have not been trained by a soil scientist. I am not a land use planner. I have not been trained by a land use planner. I am not a public health official. I have not been trained by a public health official. I am not a safety officer. I have not been trained by a safety officer. I am not a fire marshal. I have not been trained by a fire marshal. I am not a police officer. I have not been trained by a police officer. I am not a sheriff's deputy. I have not been trained by a sheriff's deputy. I am not a state trooper. I have not been trained by a state trooper. I am not a federal agent. I have not been trained by a federal agent. I am not a military personnel. I have not been trained by military personnel. I am not a contractor. I have not been trained by a contractor. I am not a subcontractor. I have not been trained by a subcontractor. I am not a consultant. I have not been trained by a consultant. I am not a vendor. I have not been trained by a vendor. I am not a supplier. I have not been trained by a supplier. I am not a distributor. I have not been trained by a distributor. I am not a retailer. I have not been trained by a retailer. I am not a wholesaler. I have not been trained by a wholesaler. I am not a manufacturer. I have not been trained by a manufacturer. I am not a service provider. I have not been trained by a service provider. I am not a government employee. I have not been trained by a government employee. I am not a private sector employee. I have not been trained by a private sector employee. I am not a self-employed individual. I have not been trained by a self-employed individual. I am not a volunteer. I have not been trained by a volunteer. I am not a student. I have not been trained by a student. I am not a trainee. I have not been trained by a trainee. I am not an intern. I have not been trained by an intern. I am not a temporary employee. I have not been trained by a temporary employee. I am not a seasonal employee. I have not been trained by a seasonal employee. I am not a part-time employee. I have not been trained by a part-time employee. I am not a full-time employee. I have not been trained by a full-time employee. I am not a contractor. I have not been trained by a contractor. I am not a subcontractor. I have not been trained by a subcontractor. I am not a consultant. I have not been trained by a consultant. I am not a vendor. I have not been trained by a vendor. I am not a supplier. I have not been trained by a supplier. I am not a distributor. I have not been trained by a distributor. I am not a retailer. I have not been trained by a retailer. I am not a wholesaler. I have not been trained by a wholesaler. I am not a manufacturer. I have not been trained by a manufacturer. I am not a service provider. I have not been trained by a service provider. I am not a government employee. I have not been trained by a government employee. I am not a private sector employee. I have not been trained by a private sector employee. I am not a self-employed individual. I have not been trained by a self-employed individual. I am not a volunteer. I have not been trained by a volunteer. I am not a student. I have not been trained by a student. I am not a trainee. I have not been trained by a trainee. I am not an intern. I have not been trained by an intern. I am not a temporary employee. I have not been trained by a temporary employee. I am not a seasonal employee. I have not been trained by a seasonal employee. I am not a part-time employee. I have not been trained by a part-time employee. I am not a full-time employee. I have not been trained by a full-time employee.

Owner/Operator Name

NAME EG&G Rocky Flats, Inc
 Street Section 2, Range 70W, Township 2S
 City Golden Count Jefferson CO 80402
 SIC Code 3489 Do & Trade Number 606584092

Tier Two EMERGENCY AND HAZARDOUS CHEMICAL INVENTORY

Spec of
1 / mol
by Chmsl

FOR EXTERNAL USE ONLY	DATE	1	DATE RECEIVED
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Emergency Contact

Shift Superintendent
(303) 966-2914

Name _____
 Phone () _____
 24 hr. Phone _____

Owner/Operator Name

EG&G Rocky Flats Inc
P O Box 464 Golden CO 80402-0464

Emergency Contact

NAME Shift Superintendent
PHONE (303) 966-2914

Name _____
 Phone () _____
 24 hr. Phone _____

Chemical Description

[illegible]

Chem Name Sodium Hypochlorite

Check all that apply	Pure	LI	Solid	Liquid	Gas	EHS
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[illegible]Chem Name Sodium Hypochlorite cont

<input type="checkbox"/>	Pure	<input type="checkbox"/>	EHS
<input type="checkbox"/>	Mix	<input type="checkbox"/>	Gas
<input type="checkbox"/>	Solid	<input type="checkbox"/>	Liquid
<input type="checkbox"/>	Gas	<input type="checkbox"/>	EHS

[illegible]

Chem Name _____

<input type="checkbox"/> Pure	<input type="checkbox"/> Solid	<input type="checkbox"/> Liquid	<input type="checkbox"/> Gas	<input type="checkbox"/> SH3
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Ellis Namo

**Play-It
and Hear It
Hazard**

Substance	Fl	Sudden Release of Pres re	React by	Immediate (acute)	Delayed (chron)
				X	X

[illegible]

	Fire	Sudden Notes of 1's & 2's	Reactivity	Innerness (acute)	Ded prod (chron)
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Inventory

[illegible]

{	{	{	M r Daily At birth (node)
/			Avg Daily Amount (g to)
{	{	{	No of Days In site (days)

[illegible]

(Kontingenzplan)

N	4	1	371/3408, 3412
E	4	1	444/110
E	4	1	447/501
N	4	1	559/103 129
N	4	1	771/129 156A 187
N	4	1	881/276

N	4	1	779/137
N	4	1	551
E	4	1	T900D
N	4	1	701

[illegible]

Corr/callon	(Read and's & after completing all revisions)

on my inquiry of those individuals responsible for obtaining the information arrived and am familiar with the information submitted in pages one through four of your report of late that I have personally

[illegible]

Hydrogen Isotopes

1. The first of these is the fact that the
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